FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549



FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL 3235-0076 OMB Number: pril 30, 2008 Expires: 'n 16.00 Serial

1790 HON	10/1250			
	s an amendment and name has changed, and indi	cate change.)		
Series C Preferred Stock				
Filing under (Check box(es) that apply	/): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506	Section 4(6) ULOE		
Type of Filing: New Filing				
	A. BASIC IDENTIFICATION DATA			
1. Enter the information requested a	about the issuer			
	n amendment and name has changed, and indicate	te change.)		
Cutting Edge Investor Group, Inc.				
	Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)		
38 Greene St., 4 th floor, New York, N		(212) 966-6224		
	ions (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)		
(if different from Executive Offices) s	ame	same		
Brief Description of Business				
Provider of branded content and ap	oplications for mobile phones			
Type of Business Organization				
	☐ limited partnership, already formed ☐	Jother (please specify): APR 1 6 2007		
☐ business trust	☐ limited partnership, to be formed			
	MONTH YEAR			
Actual or Estimated Date of Incorpora	tion or Organization: 0 7 9 6	Actual Estimated FINANCIAL		
Jurisdiction of Incorporation or Organization: (Enter two- letter U.S. Postal Service abbreviation for State:				
3	CN for Canada; FN for other foreign jurisdi			

General instructions

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230,501 et sea, or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part É and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on the ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

			A. BASIC IDENT	IFICATION DATA			
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the sate or disposition of, 10% or more of a class of equity securities of the issuer; 							
•	 Each executive officer and director of corporate issuers and of corporate general managing partners of partnership issuers; and 						
•	Each general ar	nd managing pa	artnership of partnershi	p issuers.			
Check Box(es		Promoter	☐ Beneficial Owner	■ Executive Officer	☑ Director	☐ General and/or Managing Partner	
Full Name (La Byrd, Brian	ast name first, if indi Carlton	vidual)				44. <u> </u>	
Business or F 38 Greene S	lesidence Address St., 4 th floor, New	(Number York, NY 100	and Street, City, State, Zi	o Code)		-	
Check Box(es	that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner	
	ast name first, if indi Enterprise Corp						
Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 940, New York, NY 10014							
Check Box(es	s) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner	
Fuli Name (La Marsala, F r	ast name first, if indi ank	vidual)					
	lesidence Address ood Dr., West He		and Street, City, State, Zi 11552	p Code)			
Check Box(es		Promoter	■ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner	
Full Name (La Burke, Jr.,	ast name first, if indi James J.	vidual)					
Business or F 540 Madiso	Residence Address In Avenue, 25th F	(Number loor, New Yor	and Street, City, State, Zi k, NY 10022	p Code)			
Check Box(es	s) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner	
Full Name (La	ast name first, if indi	vidual)					
Business or F	Residence Address	(Number	and Street, City, State, Zi	p Code)			
Check Box(es	that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner	
Full Name (La	ast name first, if indi	vidual)	•				
Business or F	Residence Address	(Number	and Street, City, State, Zi	p Code)			
Check Box(es	s) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner	
Full Name (La	ast name first, if indi	vidual)		- 111 - 111			
Business or F	Residence Address	(Number	and Street, City, State, Zi	p Code)			
Check Box(es	s) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner	
Full Name (Last name first, if individual)							
Business or F	Residence Address	(Number	and Street, City, State, Zi	p Code)	- ·		
		(Use blank sh	eet, or copy and use addi	tional copies of this sheet	as necessary.)		

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B. INFORMATION ABOUT OFFERING						
1.	1. Has the issuer sold, or does the issuer intend to sell to non-accredited investors in this offering?					
	Answer also in Appendix, Column 2, if filing under ULOE.					
2.	What is the minimum investment that will be accepted from any individual?	N/A				
3.	Does the offering permit joint ownership of a single unit?	Yes	No			
 Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchases in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. 						
Full N/A	I Name (Last name first, if individual)					
Bus	siness or Residence Address (Number and Street, City, State, Zip Code)					
Nan	me of Associated Broker or Dealer					
	tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers					
	neck "All States" or check individual States)	. □ All St				
[AL]		Hi] [] MS] []	[ID] [MO]			
[MT]		OR)	[PA]			
[RI] Full	□ [SC] □ [SD] □ [TN] □ [TX] □ [UT] □ [VT] □ [VA] □ [WA] □ [WV] □ [WI] □ [Name (Last name first, if individual)	WY] 🔲	[PR]			
Bus	Business or Residence Address (Number and Street, City, State, Zip Code)					
Nan	Name of Associated Broker or Dealer					
	tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers					
(Ch	eck "All States" or check individual States)	. 🔲 All St Hi] 🔲	tates [ID] 🔲			
[IL]	[IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MA] [MI] [MN] [IA]	MS]	[MO] 🔲			
[MT] [RI]		OR) WY)	[PA]			
	Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, City, State, Zip Code)						
Name of Associated Broker or Dealer						
	tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers					
(Ch	eck "All States" or check individual States)		tates [ID] 🔲			
[][]	[IN] (] [IA] (] [KS] (] [KY] (] [LA] (] [ME] (] [MD] (] [MA] (] [MI] (] [MN] (] [N	vis] 🔲	[MO] 🔲			
[MT] [RI]	[[SC] [SD] [TN] [TX] [UT] [VT] [VA] [VA] [WA] [WV] [WV]	OR] [] WY] []	[PA]			
[RI]	[SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WA] [WV] [WV] [WI] [WI] [WI]	NY]	[PR] 🔲			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	alre che	er the aggregate offering price of securities included in this offering and the total amount eady sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, eck this box and indicate in the columns below the amounts of the securities offered for hange and already exchanged.		
			Aggregate	Amount Already
		Type of Security	Offering Price	Sold
		Debt	\$	\$
		Equity	\$2,532,007	\$ <u>1,295,177.52</u>
		☐ Common ☐ Preferred	_	
		Convertible Securities (including warrants)	\$	\$
		Partnership Interests	\$	\$
		Other (Specify)	\$	\$
		Total	\$2,532,007	\$ <u>1,295,177.52</u>
		Answer also in Appendix, Column 3, if filing under ULOE.		
2.	this 504	er the number of accredited and non-accredited investors who have purchased securities in offering and the aggregate dollar amounts of their purchases. For offerings under Rule i, indicate the number of persons who have purchased securities and the aggregate dollar bunt of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number of Investors	Aggregate Dollar Amount of Purchases
		Accredited Investors	9	\$ 1,295,177.52
		Non-accredited Investors		\$
		Total (for filing under Rule 504 only)		\$
		Answer also in Appendix, Column 4, if filing under ULOE.		
3.	sec mo	tis filing is for an offering under Rule 504 or 505, enter the information requested for all urities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) on this prior to the first sale of securities in this offering. Classify securities by type listed in the twelve of the control of the first sale of securities in this offering.		
			Type of	Dollar Amount
		Type of offering	Security	Sold
		Rule 505		\$
		Rule 504.		\$
		Total		\$ \$
				4
4.	sec issu	Furnish a statement of all expenses in connection with the issuance and distribution of the urities in this offering. Exclude amounts relating solely to organization expenses of the uer. The information may be given as subject to future contingencies. If the amount of an enditure is not known, furnish an estimate and check the box to the left of the estimate.		
		Transfer Agent's Fees.] \$ <u>0</u>
		Printing and Engraving Costs.] \$ <u>0</u>
		Legal Fees		₫ \$ <u>15,000</u>
		Accounting Fees.] \$ <u>0</u>
		Engineering Fees.	Г	¬ \$0
		Sales Commissions (specify finders' fees separately)		_
				_
		Other Expenses (identify)		
	b.	Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		<u> 10,000</u>
		difference is the adjusted gloss proceeds to the issuer.		\$ <u>2,517,007</u>

	, NUMBER OF INVESTORS, EXPENSES AND US		PROCEEDS	
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C- Question 4.b.				
above.			Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees		□ \$	0	□ \$ <u>0</u>
Purchase of real estate		□ \$	<u>o</u>	□ \$ <u>0</u>
Purchase, rental or leasing and installation of machinery and equipment			<u>o</u>	□ \$ <u>0</u>
Construction or leasing of plant buildings and facilities		□ \$	<u>o</u>	□ \$ <u>0</u>
to a merger)		□ \$	0	□ \$ <u>0</u>
Repayment of indebtedness			0	□ \$0
Working capital			:	⊠ \$2,517,007
Other (specify):			<u>o</u>	□ \$ <u>0</u>
Column Totals		□ \$	60	□ \$2,517,007
Total Payments Listed (column totals added)				
	D. FEDERAL SIGNATURE			
following signature constitutes an undertaking request of its staff, the information furnished	signed by the undersigned duly authorized person. g by the issuer to furnish to the U.S. Securities and by the issuer to any non-accredited investor pursua	Excha	ange Commissio	n, upon written
Issuer (Print or Type) Cutting Edge Investor Group, Inc.	Signature Da	^	:/ 10, 200	7
Name of Signer (Print or Type)	Title of Signer (Print or Type)	U	,	
Brian Cariton Byrd	President & CEO			
ATTENTION				
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)				